

# 2008-09 Cal Grant Appeals Form

If you were **disqualified** for a Cal Grant Entitlement award and feel this was in error, you may submit an appeal. Your appeal will be reviewed by California Student Aid Commission (CSAC) staff and, depending on the reason, may be approved. Using this form, please mark the appropriate boxes below identifying both the action you are requesting and the reason for your appeal. Also provide a detailed, written explanation and submit photocopies (do not send originals) of supporting documentation. Mail your completed Cal Grant Appeals Form to the **California Student Aid Commission, P.O. Box 419027, Rancho Cordova, CA 95741-9027**.

- **Incorrect Information:** If you believe you were denied due to an error or incorrect information, please use the 2008-09 Cal Grant Application Correction Form and return it to CSAC by May 23, 2008, for priority processing. This form can be found on our Web site at **www.csac.ca.gov**.
- **Financial Information or Dependency Status:** CSAC will **not** take action on **changes regarding financial information or decisions regarding your dependency status**. If you feel the financial information reported on your Free Application for Federal Student Aid (FAFSA) or dependency status should be re-evaluated, contact your school financial aid office. CSAC will only accept financial correction or changes to dependency status directly from your school.
- **Federal or School-Based Financial Aid:** CSAC does **not** review any federal or school-based financial aid. Contact your school's financial aid office for questions regarding other financial aid. Questions regarding your student loan(s) should be directed to your school or lender, whichever is applicable.
- **Competitive Cal Grant Awards:** If you received a Competitive Cal Grant disqualification notice and you are **not** a current high school senior or recent graduate, you will need to reapply next year. Due to the limited amount of awards, CSAC does **not** accept appeals from new Competitive applicants who were denied an award.

Your Name		CSAC ID
Address		Date of Birth
City		Telephone Number
State	Zip Code	E-mail Address

## REQUESTED ACTION AND REASON FOR YOUR APPEAL

**Please check the requested action to be taken:**

- ☐ Additional Leave of Absence  
☐ Award Reevaluation  
☐ Reinstatement of Cal Grant Award  
☐ Other \_\_\_\_\_

**Please check the reason for your appeal:**

- ☐ Medical  
☐ Natural Disaster  
☐ Death in the Family  
☐ Other \_\_\_\_\_

**Please provide a detailed explanation regarding your appeal reason (attach additional sheets if necessary):**

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## OFFICE USE ONLY

Processed Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Approved ☐ Not Approved

Notes from Analyst to Processor

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